Local doctors make house calls to treat homebound patients.

Page B5

Physician assistants look forward to greater autonomy.

Page B7

Local woman creates art in sugar and flour.

Page B79

Audi's new station wagon is a speedster.

Page B20

Dr. Doug Knutson doesn't use brushes or clay in his classroom but he does teach his students about what he considers to be a true art.

By JEFF BELL • BUSINESS FIRST
jobell@bjbjournals.com

It's the art of being a physician. Knutson, director of the physician development program in the Ohio State University College of Medicine, and his fellow faculty members teach medical students how to communicate with patients and understand the value of having a good bedside manner.

"I tell them this is the only thing they'll learn in medical school they will use every single day, no matter what they do as a physician or what specialty they go into," he said.

Such lessons have become more important than ever, says those tuned into the medical profession, because patients and health insurance companies are expecting better service and medical outcomes from doctors and hospitals.

SEE CLASS, PAGE B2
WATCH YOUR MANNERS

CLASS: Consumer-driven health care is placing greater demands on doctors

FROM PAGE B1

For medical schools, that means physician development programs are receiving more attention, Knutson said.

Evidence of that at Ohio State, he said, was the opening in 2004 of the Clinical Skills Education and Assessment Center in the Prior Health Sciences Library. The center has 14 medical examination rooms in which students interact with make-believe patients employed by OSU.

In addition interest from doctors wanting to improve patient satisfaction, and at the same time boost their financial results, led to the launch last year of a course on consumer behavior in health care at Capital University's New Center in downtown Columbus.

The five-session course teaches doctors and other health-care professionals about consumer behavior, strategic planning, marketing, practice structure, planning for change, personnel issues and technology. A new class will begin Feb. 4.

Doctors generally are not trained on consumer behavior, said Mary Ming, the New Center's executive director for professional development. However, physicians interviewed in focus groups conducted by the center said they know they need to improve their interactions with patients because of demands placed on them by managed-care insurers and the consumer-driven health care movement.

In the consumer-driven model, patients are encouraged by their employers and health plans to question doctors about the cost of care and their treatment options.

"It's not like my parents' generation where they never question their doctor or think about walking away and going to someone else," Ming said. "We're trained to question now, and our expectations are different. We expect good service."

That means doctors need to get better at providing it, she said.

"They have to differentiate themselves like everyone else," Ming said. "It's not just quality of care. It's also the experience and doctor-patient relationship."

First-year OSU medical school student Matthew Butterfield, left, in a class on bedside manner, listens to Charles Warfield III, an OSU employee playing the role of a patient, describe a host of ailments.

Patient satisfaction surveys show doctors appear to be doing pretty well in those areas, said Dr. Mylod, vice president of research and public policy with Press Ganey Associates Inc. The firm, based in South Bend, Ind., conducts such surveys for the health-care industry.

For example, a Press Ganey national survey of the more than 760,000 patients on care from physician specialists in 2003 showed mean satisfaction scores ranging from a high of 94.7 in geriatric psychiatry to 79.5 in nuclear medicine. Doctors were judged on a five-point rating scale with a "good" rating starting at 75 and "very good" topping out at 100.

"Physician scores tend to be pretty high," Mylod said. "Patients will cut some slack to their physician. They will say, 'He is an expert. He's taking this time to see me and I appreciate having this access. By and large, we get good care in this country and physicians are working hard at it.'

They also are being trained differently than they were a decade or two ago, said Dr. Daniel Clinchot, associate dean for clinical education at OSU Medical Center and medical director of the Clinical Skills Center.

He said teaching medicine's so-called soft skills, such as effective communication and empathy for patients, has exploded since he attended medical school in the mid-1980s.

"It is 100-fold more than what was available when I was trained," Clinchot said.

BEDSIDE MANNER IS ...

...a term describing how a doctor handles a patient. A good bedside manner is typically one that reassures and comforts the patient. Attitude, vocal tone, body language, openness and presence may affect bedside manner. A poor bedside manner can leave the patient feeling unsatisfied, worried, alone or frightened.

Source: Emory University Health Sciences Center

PHOTO BY JAMES MCLAUGHLIN FOR BUSINESS FIRST
MANNERS: Responding to public outcry

FROM PAGE 22

"Today we have entire courses on how to deal with difficult people, difficult situations and communicating with the patient."

It is good medicine, he said, because effective communication with patients leads to better diagnoses and treatment plans from doctors. But the trend also reflects the fact that physicians can’t overlook the consumerism movement.

"There has been an outcry from the general public about the way they are treated by physicians and medical errors," Clinton said. "That’s an added drive for what we do here."

At OSU, training for first-year medical students includes a class in the doctor-patient relationship. It involves trips to the Clinical Skills Center where they interview people hired by the medical school to serve as patients.

Working from scripts, these pseudo patients act out symptoms and even try to throw an occasional curve at the students, who take their medical history and try to make a diagnosis. Faculty members watch the action through one-way windows in each of the exam rooms, and student interactions with patients are videotaped for additional review.

First-year students also attend classroom sessions where they hear from doctors who discuss the real-life world of working with patients. By their second year, the teaching starts to move into hospitals and other clinical settings for hands-on training under the supervision of medical school faculty.

Medical educators recognize some students enter school more comfortable with the science of medicine than the human part of it, said Carol Hasbrouck, OSU’s assistant dean for clinical skills and medical education.

With some help from faculty members, she said, students can begin to see the value of trying to improve their bedside manner.

"You hope it makes a difference down the road in their empathy and how they respond to patients," Hasbrouck said. "We can give them the tools that certainly will make them more able to communicate with patients in a more caring way."

\[
\text{Dr. James E. Butler & Staff}
\]

\[
\text{Instant Dental Implants}
\]

Do you miss eating your favorite foods because of difficulty with teeth?
Do you sometimes chuckle, wince and cover your mouth?
Have you been told that you don’t have enough bone for dental implants?
If you answered yes to any of these questions you may
\text{If you are interested in discussing Instant Dental Implants with Dr. Butler, please call 614-394-0062.}

\[
\text{Health Care}
\]

\[
\text{Ins}
\]

\[
\text{Commerce}
\]

\[
\text{Project}
\]

\[
\text{Construct}
\]

\[
\text{Retire}
\]